

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>

CHANGE OF ADDRESS FORM FOR FEDERAL FISHERY PERMITS

OMB No. 0648-0205 Form Approval Expires: 10/31/2006



Check or Money
Order Number:
Reviewer Initials and
Date
Expiration Date:

FOR OFFICE USE ONLY

Federal Regulations require permit owners to notify the Permits Branch of any change of information concerning the vessel/permit owner or the vessel within 30 days of the change. Failure to notify the Permits Branch of the change - especially an address change - may adversely impact your permits. If you need additional forms, photocopy this blank form as many times as needed and fill out one for each person/company. Mark the box that applies to whom the change is for. Fill in the form with the new mailing address and telephone number. The form must be signed by the person the change is for or by a company officer if the change is for a business.

1. VESSEL INFORMATION - THE VESSEL THE PERMITS ARE ASSIGNED TO

USCG DOCUMENT NUMBER or STATE REGISTRATION NUMBER

VESSEL NAME

2. PEOPLE INFORMATION

Mark the appropriate box that describes who the change is for

Company Officer/Shareholder:

- ☐ Vessel Owner
☐ Permit Owner (if different from vessel owner)
☐ Other (describe) _____

- ☐ Company President/CEO
☐ Company Vice President
☐ Company Treasurer
☐ Company Secretary
☐ Company Director/Manager
☐ Company Shareholder
☐ Other Company Position _____

3. NEW MAILING ADDRESS

- ☐ Check here for this person/company to be the point of contact for the permit(s). All information will be mailed to this person/company at this address. Only one person/company may be designated as the mail recipient.

PREFIX (Mr. Mrs. etc)

LAST NAME or COMPANY NAME

FIRST NAME

MIDDLE NAME

SUFFIX (Sr. Jr., II, III etc)

AREA CODE AND TELEPHONE NUMBER

NEW MAILING ADDRESS

CITY

STATE

COUNTY

ZIP CODE

COUNTRY

4. SIGNATURE OF PERSON REQUESTING CHANGE

For companies, only the signature of one of the active Company Officers is required

Applicant Signature

Position in Company

Print Name

Date